

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 6384

63-044237
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
B. Marcus Heller
MEDICAL CERTIFICATION

1. PLACE OF DEATH DEC 11 1963

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas city

Length of stay in 1b
45 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home For Jewish Aged

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7229 Baltimore

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Sarah

Middle

Last Rosfeld

4. DATE OF DEATH

Month November Day 24 Year 1963

5. SEX

Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
Approx. 76

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Russia

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Isadore Rosfeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

K.C., Mo.
Isadore Rosfeld 7229 Baltimore

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH
4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Brain Syndrome

2 yrs

DUE TO (c)

Arterio-sclerotic cerebro-vasc. Dis

YES

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-29-63 to 11-24-63 and last saw her alive on 11-24-63
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. Marcus Heller, M.D.

22b. ADDRESS

404 E. 63rd

22c. DATE SIGNED

11-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

11/26/1963

23c. NAME OF CEMETERY OR CREMATORY

Mt Carmel Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Louis Memorial Chapel, K.C., Mo.

25. DATE RECD. BY LOCAL REG.

11-24-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Grey Ruffington

Licensed Embalmer No. _____

3756

P. O. Address _____

KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.